

Subject: Studies in the News: (May 16, 2011)



Studies in the News for



California Department of Mental Health

Introduction to Studies in the News

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AGING

“Successful Cognitive and Emotional Aging.” By Dilip V. Jeste and others, University of California, San Diego. IN: World Psychiatry, vol. 9 (2010) pp. 78-84.

[“We review the definitions, determinants, and ways of enhancing successful cognitive and emotional aging. Objective definitions of successful aging based on physical health emphasize outcomes including freedom from disability and disease, whereas subjective definitions center on well-being, social connectedness, and adaptation. Most older people do not meet objective criteria for successful aging, while a majority meets the subjective criteria. Older people with severe mental illness are not excluded from successful aging. The determinants of successful aging include complex interactions of lifestyle behaviors and social environment with genes. Depression interferes with nearly all determinants of successful aging. Evidence-based means of enhancing successful aging include calorie restriction, physical exercise, cognitive stimulation, social support, and optimization of stress. Future directions for successful aging research and implications for geriatric psychiatry are discussed.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912035/pdf/wpa020078.pdf?tool=pmcentrez>

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ANTIPSYCHOTICS

“Risperidone in the treatment of conduct disorder in preschool children without Intellectual disability.” By Eyup S. Ercan, Ege University School of Medicine, Izmir, Turkey and others. IN: Child and Adolescent Psychiatry and Mental Health, vol. 5, no. 10 (April 13, 2011) pp. 1-38.

[“The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, 4th edition Textrevision) highlights the especially poor outcomes of early-onset conduct disorder (CD). The strong link between the patient’s age at treatment and its efficacy points the importance of early intervention. Risperidone is one of the most commonly studied medications used to treat CD in children and adolescents. The aim of this study is to obtain preliminary data about the efficacy and tolerability of risperidone treatment in otherwise typically developing preschool children with conduct disorder and severe behavioral problems.:]

Full text at:

<http://www.capmh.com/content/pdf/1753-2000-5-10.pdf>

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BULLYING

Embedding Bullying Interventions into a Comprehensive System of Student and Learning Supports. By UCLA Center for Mental Health in Schools. A Center Policy and Practice Brief. (The Center, Los Angeles, California) April 2011 23 p.

[“Everybody agrees that school bullying is a major problem, but considerable controversy exists over the best way to address the problem. The following discussion presents (a) a brief analysis and synthesis of the current state of the art, (b) underscores the need to avoid another piecemeal set of policy and practice initiatives, and (c) stresses that the growing emphasis on school bullying provides an opportunity to accelerate development of a comprehensive, multifaceted, and cohesive system of student and learning supports. Implications for policy are presented.”]

Full text at:

<http://smhp.psych.ucla.edu/pdfdocs/embeddingbullying.pdf>

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CHILDREN AND ADOLESCENTS

The Early Years: Foundations for Life, Health and Learning. By Dame Claire Tickell, Early Years Foundation. (The Department of Education, London, United Kingdom) March 2011. 107 p.

[“The earliest years in a child’s life are absolutely critical. There is overwhelming international evidence that foundations are laid in the first years of life which, if weak, can have a permanent and detrimental impact on children’s longer term development. A child’s future choices, attainment, wellbeing, happiness and resilience are profoundly affected by the quality of the guidance, love and care they receive during these first years.

While children spend considerable amounts of time with their parents or carers during these early years, they also spend increasing amounts of time in a wide range of early years settings. Parents and carers are the people who have the most important influence on children’s early development – but evidence shows that good quality early years provision also has a large impact on children’s longer term outcomes.

In 2008 the Early Years Foundation Stage (EYFS) was introduced to provide a framework which could deliver consistent and high quality environments for all children in pre-school settings, recognising the importance of this period in a child’s life. The EYFS is an overarching framework for early years providers, based on what we know from research evidence. It is intended to provide clear information on how children learn and develop in these earliest years in a format that is easily understood and applied by practitioners. It was unashamedly ambitious in intent, seeking to break new ground as an international exemplar.”]

Full text at:

<http://media.education.gov.uk/MediaFiles/B/1/5/%7BB15EFF0D-A4DF-4294-93A1-1E1B88C13F68%7DTickell%20review.pdf>

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Transitions to and from Elementary, Middle, and High School. By the Center for Mental Health in Schools, ULCA Department of Psychology. (The Center, Los Angeles, California) April 2011. 23 p.

[“This month we asked several school districts we work with what they had in place to assist students as they moved from one level of schooling to the next. The focus of this document is on:

- (1) sharing their responses, answering a couple of questions, and highlighting some relevant resources
- (2) clarifying where this subset of transition interventions fit with respect to the full range of Support for Transitions
- (3) delineating where Support for Transitions fit in a Comprehensive System of Learning Supports.”]

Full text at:

<http://smhp.psych.ucla.edu/pdfdocs/transitionstoandfrom.pdf>

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CRIMINAL JUSTICE

Crime during Transition to Adulthood: How Youth Fare as they Leave Out-of-Home Care. By Gretchen Ruth Cusick and others, Chapin Hall, University of Chicago. (Chapin Hall, Chicago, Illinois) 2011. 68 p.

[“While the transition to adulthood has arguably become a more ambiguous and complex period for all youth (Furstenberg, Rumbaut, & Settersten, 2005), it may be particularly difficult for youth aging out of the child welfare system. Many youth placed under the care of the child welfare system have grown up in high-risk families and neighborhoods. They enter adulthood with low educational status, little employment experience, mental health problems, high rates of homelessness, and limited social and financial resources (Collins, 2001). On top of these disadvantages, the transition to adulthood may be more abrupt for foster youth than for youth more generally. Whereas many young people move gradually toward independent adulthood while continuing to rely on the support and guidance of families, foster youth *aging out* of care lose the support of the child welfare system that has assumed the role of parent or guardian when they reach a particular age of majority. Although formal independent living services exist to help youth formerly in out-of-home care move into adulthood, these youth are often on their own when making the transition (Courtney & Hughes-Hearing, 2005).

In making the transition, youth in out-of-home care may be particularly at risk for engagement in crime or involvement with the criminal justice system (see Barth, 1990;

Courtney et al., 2001; Cusick & Courtney, 2007; Jones & Moses, 1984; Zimmerman, 1982). Yet not all former foster youth end up in trouble. Many follow pathways into adulthood marked by more success than failure (Hines, Merdinger, & Wyatt, 2005). However, very little is known about the factors associated with adaptive functioning and avoidance of criminal behavior or criminal justice contact in particular, of former foster youth.”]

Full text at:

http://www.chapinhall.org/sites/default/files/Crime%20During%20Transition_03_16_11.pdf

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“The Role of Probation in Forensic Assertive Community Treatment.” By J. Steven Lamberti, University of Rochester Medical Center, and others. IN: *Psychiatric Services*, vol. 62, no. 4 (April 2011) pp. 418-421.

[“Forensic assertive community treatment (FACT) is an adaptation of the assertive community treatment model designed to prevent criminal recidivism through criminal justice collaborations. A national survey was conducted to examine FACT collaborations with probation departments. *Methods*: Members of the National Association of County Behavioral Health and Developmental Disability Directors were surveyed to identify FACT programs. Programs reporting collaborations with probation departments were contacted to provide details. *Results*: Fifty-six percent of FACT programs (15 of 27) reported collaborating with probation departments. Probation officers were assigned an average of 29±16 hours weekly, and 80% of programs (12 of 15) reported a favorable impact of collaboration on risk of patient rearrest. Only two programs reported using standard tools to formally assess recidivism risk. The most common barrier to collaboration was differences in philosophy between FACT team clinicians and probation officers. *Conclusions*: FACT collaborations involving probation departments are common and are viewed by most program leaders as helpful in reducing criminal recidivism.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/4/418>

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HOMELESSNESS

Demonstrating the Effectiveness of Housing Support Services for People with Mental Health Problems: A Review. By Nicholas Pleace, The Center for Housing Policy) with Allison Wallace. (The Center, York, United Kingdom) March 2011. 82 p.

[“This review by the Centre for Housing Policy (CHP) working with Hull York Medical School (HYMS) was commissioned by the National Housing Federation (NHF), working in collaboration with the National Mental Health Development Unit (NMH DU). The review looks at how housing support services for people with mental health problems

could better demonstrate both the range of support they provide and also clearly show the benefits of that support. In particular, NHF and NMH DU were interested in how housing support services can systematically demonstrate service effectiveness to clinicians and health service commissioners, given that housing support services have the potential to positively influence clinical outcomes.

This review was intended to identify measures that can be used to examine the effectiveness of housing related support for people with mental health problems. The main objective of the review was to look at existing effectiveness measures and explore the potential for developing an evaluation methodology that would:

- be of sufficient robustness to stand up to the scrutiny of clinicians, social care and housing related support professionals and local and central government; be both practical and cost effective to deploy in research that will often only have restricted resources available;
- clearly and unambiguously demonstrate the extent to which housing related support services can have beneficial effects on the wellbeing of people with mental health problems.

This review is focused on housing support services for adults with mental health problems and severe mental illness. It does not encompass services for people with dementia.”]

Full text at:

<http://www.nmhd u.org.uk/silo/files/demonstrating-the-effectiveness-of-housing-support-services.pdf>

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INTERVENTIONS

“The Behaviour Change Wheel: a new method for characterising and designing behaviour change interventions.” By Susan Michie, University College London, London, United Kingdom, and others. IN: BMC Implementation Science, vol. 6, no. 42 (April 23, 2011) pp. 1-32.

[“Improving the design and implementation of evidence-based practice depends on successful behaviour change interventions. This requires an appropriate method for characterizing interventions and linking them to an analysis of the targeted behaviour. There exists a plethora of frameworks of behaviour change interventions, but it is not clear how well they serve this purpose. This paper evaluates these frameworks, and develops and evaluates a new framework aimed at overcoming their limitations.

Methods

A systematic search of electronic databases and consultation with behaviour change experts were used to identify frameworks of behaviour change interventions. These were evaluated according to three criteria: comprehensiveness, coherence, and a clear link to

an overarching model of behaviour. A new framework was developed to meet these criteria. The reliability with which it could be applied was examined in two domains of behaviour change: tobacco control and obesity.

Results

Nineteen frameworks were identified covering nine intervention functions and seven policy categories that could enable those interventions. None of the frameworks reviewed covered the full range of intervention functions or policies, and only a minority met the criteria of coherence or linkage to a model of behaviour. At the centre of a proposed new framework is a 'behaviour system' involving three essential conditions: capability, opportunity, and motivation (what we term the 'COM-B system'). This forms the hub of a 'behaviour change wheel' (BCW) around which are positioned the nine intervention functions aimed at addressing deficits in one or more of these conditions; around this are placed seven categories of policy that could enable those interventions to occur. The BCW was used reliably to characterise interventions within the English Department of Health's 2010 tobacco control strategy and the National Institute of Health and Clinical Excellence's guidance on reducing obesity.

Conclusions

Interventions and policies to change behaviour can be usefully characterised by means of a BCW comprising: a 'behaviour system' at the hub, encircled by intervention functions and then by policy categories. Research is needed to establish how far the BCW can lead to more efficient design of effective interventions.”]

Full text at:

<http://www.implementationscience.com/content/pdf/1748-5908-6-42.pdf>

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POLICY

**“The Impact of National Health Reform on Adults with Severe Mental Disorders.”
By Rachel L. Garfield, Mathematica Policy Research, and others. IN: American Journal of Psychiatry, vol. 168, no. 5 (May 2011) pp. 486-494.**

[“Little is known about the effect recent health care reform legislation will have on coverage of individuals with severe mental disorders. The authors examined current and predicted sources of insurance coverage and use of mental health services among adults with and without severe mental disorders and modeled postreform changes. Method: The authors obtained sociodemographic, health status, mental health care use, and insurance coverage data from the 2004–2006 Medical Expenditure Panel Surveys to estimate changes that will occur after reform is fully implemented in 2019. Results: Adults with severe mental disorders, identified as self-reported severe depression or other psychological distress, were more likely than those without such disorders to be uninsured (21.0% compared with 16.5%). Only one-fifth of individuals with severe mental disorders who lacked full-year insurance coverage had any mental health service use in the 2004–2006 period, compared with approximately half of those who had coverage. The authors estimate that the expansion of insurance coverage under reform will lead to 1.15 million new users of mental health services, which represents a 4.5%

increase. The authors estimate an increase of 2.3 million users of mental health services in Medicaid and nearly 2 million in private insurance. Conclusions: Public insurance programs that currently play a major role in financing mental health services will play an even greater role after reform is implemented. Significant increases can be expected both in the overall number of users of mental health services and in their resources to pay for care.”]

Full text at:

<http://ajp.psychiatryonline.org/cgi/reprint/168/5/486>

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Mental Health Promotion and Prevention: The Economic Case. By Martin Knapp and others, Personal Social Services Research Unit, London School of Economics. (Department of Health, London, United Kingdom) January 2011. 46 p.

[“Health systems aim to improve health and health-related well-being but are always constrained by the resources available to them, They also need to be aware of the resources available in adjacent systems which can have such an impact on health, such as housing, employment and education. Careful choices therefore have to be made about how to utilize what is available. One immediate corollary is to ask whether investment in the prevention of mental health needs and the promotion of mental wellbeing might represent a good use of available resources. This is the question addressed in this report.”]

Full text at:

<http://www2.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf>

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The Opportunities and Challenges for Rural Hospitals in an Era of Health Reform. By the American Hospital Association. Trendwatch. (The Association, Washington, D.C.) April 2011. 16 p.

[“Seventy-two million Americans live in rural areas and depend upon the hospital serving their community as an important, and often only, source of care. The nation’s nearly 2,000 rural community hospitals frequently serve as an anchor for their region’s health-related services, providing the structural and financial backbone for physician practice groups, health clinics and post-acute and long-term care services. In addition, these hospitals often provide essential, related services such as social work and other types of community outreach.”]

Full text at:

<http://www.aha.org/aha/trendwatch/2011/11apr-tw-rural.pdf>

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PSYCHOSIS

“The Use of Video Conferencing with Patients with Psychosis: A Review of the Literature.” By Ian R. Sharp, MedAvante Research Institute, and others. IN: The Annals of General Psychiatry, vol. 10, no. 14 (April 18, 2011) pp. 1-29.

[“Videoconferencing has become an increasingly viable tool in psychiatry, with a growing body of literature on its use with a range of patient populations. A number of factors make it particularly well suited for patients with psychosis. For example, patients living in remote or underserved areas can be seen by a specialist without need for travel. However, the hallmark symptoms of psychotic disorders might lead one to question the feasibility of videoconferencing with these patients. For example, does videoconferencing exacerbate delusions, such as paranoia or delusions of reference? Are acutely psychotic patients willing to be interviewed remotely by videoconferencing? To address these and other issues, we conducted an extensive review of Medline, PsychINFO, and the Telemedicine Information Exchange databases for literature on videoconferencing and psychosis. Findings generally indicated that assessment and treatment via videoconferencing is equivalent to in person and is tolerated and well accepted. There is little evidence that patients with psychosis have difficulty with videoconferencing or experience any exacerbation of symptoms; in fact, there is some evidence to suggest that the distance afforded can be a positive factor. The results of two large clinical trials support the reliability and effectiveness of centralized remote assessment of patients with schizophrenia.”]

Full text at:

<http://www.annals-general-psychiatry.com/content/pdf/1744-859x-10-14.pdf>

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SCHOOL-BASED MENTAL HEALTH SERVICES

Nurturing Healthy Relationships through a Community-based Interactive Theatre Program. By Nina M. Fredland, University of Texas at Austin School of Nursing. IN: Journal of Community Health Nursing, vol. 27, no. 2 (April 2010) pp. 107-118.

[“Promoting healthy relationships and preventing unhealthy behaviors, such as bullying and teen dating violence, among young adolescents was the goal of this study. This developmentally appropriate project used interactive theater to deliver a healthy message. Students in 7th grade health classes ($N = 114$) participated in the interactive theater intervention, a program that consisted of three consecutive performances and one follow-up day. This article reports on community-based research related to the development of a theater script in collaboration with a local theater group, the feasibility of using this innovative format as an intervention method, and lessons learned in collaborating with community partners.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2924740/pdf/nihms-204828.pdf?tool=pmcentrez>

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“Towards the Integration of Education and Mental Health in Schools.” By Marc S. Adkins, University of Illinois at Chicago, and others. IN: *Administrative Policy and Mental Health* vol. 37, no. 1-2 (March 2010) pp. 40-47.

[“Education and mental health integration will be advanced when the goal of mental health includes effective schooling and the goal of effective schools includes the healthy functioning of students. To build a solid foundation for this reciprocal agenda, especially within the zeitgeist of recent educational reforms, a change in the fundamental framework within which school mental health is conceptualized is needed. This change involves acknowledging a new set of priorities, which include: the use of naturalistic resources within schools to implement and sustain effective supports for students' learning and emotional/behavioral health; inclusion of integrated models to enhance learning and promote health; attention to improving outcomes for all students, including those with serious emotional/ behavioral needs; and strengthening the active involvement of parents. A strong research agenda to support these new priorities is essential.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2874625/pdf/nihms195734.pdf?tool=pmc-entrez>

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STIGMA

“Responding to Stigma: First-time Caregivers of Young People with First Episode Psychosis.” By Terrence V. McCann, Victoria University, Melbourne, Australia, and others. IN: *Psychiatric Services*, vol. 62, no. 5 (May 2011) pp. 548-550.

[“This study explored how caregivers of young adults who had experienced a first episode of psychosis coped with stigma while maintaining their caregiving role. *Methods:* Qualitative interviews were undertaken with 20 caregivers in Melbourne, Australia. *Results:* Some caregivers adopted an open approach about disclosing their young person's illness. Alternatively, some were secretive about the illness, because of fears of and experiences with stigmatization if others found out. Caregivers also suggested ways to minimize the stigma that intensified their burden of care. *Conclusions:* The findings showed the kinds of roles that family members and others have in supporting caregivers. Caregivers who were secretive about their situation were particularly vulnerable to feeling burdened and needed additional support from clinicians. Caregivers need increased support to enable them to better cope with and respond to stigma.”]

Full text at:

<http://psychservices.psychiatryonline.org/cgi/reprint/62/5/548>

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“The Stigma of Childhood Mental Disorders: A Conceptual Framework.” By Abraham Mukolo and others, Vanderbilt University. IN: *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 49, no. 2 (February 2010) pp. 92-198.

[**Objective**—To describe the state of the literature on stigma associated with children’s mental disorders and highlight gaps in empirical work.

Method—We reviewed child mental illness stigma articles in (English only) peer-reviewed journals available through Medline and PsychInfo. We augmented these with adult-oriented stigma articles that focus on theory and measurement. 145 articles in PsychInfo and 77 articles in MEDLINE met search criteria. The review process involved identifying and appraising literature convergence on the definition of critical dimensions of stigma, antecedents, and outcomes reported in empirical studies.

Results—We found concurrence on three dimensions of stigma (negative stereotypes, devaluation and discrimination), two contexts of stigma (self, general public), and two targets of stigma (self/ individual, family). Theory and empirics on institutional and self stigma in child populations were sparse. Literature reports few theoretic frameworks and conceptualizations of child mental illness stigma. One model of help-seeking (the FINIS) explicitly acknowledges the role of stigma in children’s access and utilization of mental health services.

Conclusions—Compared to adults, children are subject to unique stigmatizing contexts that have not been adequately studied. The field needs conceptual frameworks that get closer to stigma experiences that are causally linked to how parents/caregivers cope with children’s emotional and behavioral problems such as seeking professional help. To further research in child mental illness, we suggest an approach to adapting current theoretical frameworks and operationalizing stigma highlighting three dimensions of stigma, three contexts of stigma (including institutions), and three targets of stigma (self/child, family and services).”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2904965/pdf/nihms164789.pdf?tool=pmc-entrez>

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SUICIDE PREVENTION

“Clinical and Psychosocial Predictors of Suicide Attempts and Nonsuicidal Self-Injury in the Adolescent Depression Antidepressants and Psychotherapy Trial (ADAPT).” By Paul Wilkinson, Department of Psychiatry, Cambridge University, Cambridge, United Kingdom, and others. IN: *The American Journal of Psychiatry*, vol. 168, no. 5 (May 2011) pp. 495-501.

[“Objective: The authors assessed whether clinical and psychosocial factors in depressed adolescents at baseline predict suicide attempts and nonsuicidal self injury over 28 weeks of follow-up. Method: Participants were 164 adolescents with major depressive disorder taking part in the Adolescent Depression Antidepressants and Psychotherapy Trial (ADAPT). Clinical symptoms, family function, quality of current personal friendships,

and suicidal and nonsuicidal self-harm were assessed at baseline. Suicidal and nonsuicidal self-harm thoughts and behaviors were assessed during 28 weeks of follow-up. Results: High suicidality, nonsuicidal self injury, and poor family function at entry were significant independent predictors of suicide attempts over the 28 weeks of follow-up. Nonsuicidal self-injury over the follow-up period was independently predicted by nonsuicidal self-injury, hopelessness, anxiety disorder, and being younger and female at entry. Conclusions: Both suicidal and nonsuicidal self-harm persisted in depressed adolescents receiving treatment in the ADAPT study. A history of nonsuicidal self-injury prior to treatment is a clinical marker for subsequent suicide attempts and should be as carefully assessed in depressed youths as current suicidal intent and behavior.”]

Full text at:

<http://ajp.psychiatryonline.org/cgi/reprint/168/5/495>

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“Effect of Exposure to Suicidal Behavior on Suicide Attempt in a high-risk Sample of Offspring of Depressed Parents.” By Ainsley K. Burke, Columbia University, and others. **IN: Journal of the American Academy of Child and Adolescent Psychiatry, vol. 49, no. 2 (February 2010) pp. 114-121.**

[**“Objective**—Exposure to suicidal behavior in peers and relatives is thought to increase risk for suicidal behavior in vulnerable individuals, possibly as a result of imitation or modeling. This study examines exposure to suicidal behavior and likelihood of suicide attempt in a high-risk cohort of offspring of a depressed parent.

Method—449 offspring of 255 probands with a mood disorder were enrolled in a family study. Probands and offspring were assessed for psychopathology and suicide attempt history, and offspring for suicide exposure. Generalized Estimating Equations (GEE) and Generalized Least Squares models were used to compare suicide attempt history in exposed and non-exposed offspring, and characteristics of exposure in exposed offspring suicide attempters and exposed non-attempters. GEE was used to compare exposure occurring before first attempt in attempter offspring and exposure occurring before the same age in matched non-attempter offspring.

Results—Offspring reporting exposure to suicidal behavior were four times more likely to report a lifetime suicide attempt compared with unexposed offspring, controlling for age. Suicide attempt status was not associated with age at first exposure, total number or degree (attempt or threat) of exposures, or relationship. Analysis of exposure occurring prior to age at first suicide attempt found no association between exposure and suicide attempt.

Conclusions—Offspring exposed to suicidal behavior are more likely to report a lifetime suicide attempt than non-exposed offspring. However when examining the temporal sequence of exposure and attempt the association is no longer significant, suggesting that imitation is not sufficient explanation.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2915586/pdf/nihms211893.pdf?tool=pmc-entrez>

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VETERANS

Court Orders Major Overhaul of VA's Mental Health System. By Carol J. Williams, Los Angeles Times. (The Times, Los Angeles, California) May 11, 2011. 2 p.

[“9th Circuit says treatment delays for PTSD and other disorders are so 'egregious' that they violate veterans' rights. Judges say they waited 'long enough' for the VA to act and were compelled to intervene.”]

Full text at:

<http://www.latimes.com/health/la-me-0511-veterans-ptsd-20110511,0,1731423.story>

“Does PTSD Moderate the Relationship Social Support and Suicide Risk in Iraq and Afghanistan War Veterans Seeking Mental Health Treatment?” By Matthew Jakupcak, University of Washington, School of Medicine, and others. IN: Depression and Anxiety, vol. 27, no. 11 (November 2010) pp. 1001-1005.

[“**Objective**—This study examined posttraumatic stress disorder (PTSD) as a potential moderating variable in the relationship between social support and elevated suicide risk in a sample of treatment-seeking Iraq and Afghanistan War Veterans.

Method—As part of routine care, self-reported marital status, satisfaction with social networks, PTSD, and recent suicidality were assessed in Veterans (N = 431) referred for mental health services at a large Veteran Affairs Medical Center. Logistic regression analyses were conducted using this cross-sectional data sample to test predictions of diminished influence of social support on suicide risk in Veterans reporting PTSD.

Results—Thirteen percent of Veterans were classified as being at elevated risk for suicide. Married Veterans were less likely to be at elevated suicide risk relative to unmarried Veterans and Veterans reporting greater satisfaction with their social networks were less likely to be at elevated risk relative to Veterans reporting lower satisfaction. Satisfaction with social networks was protective for suicide risk in PTSD and non-PTSD cases, but was significantly **less** protective for veterans reporting PTSD.

Conclusions—Veterans who are married and Veterans who report greater satisfaction with social networks are less likely to endorse suicidal thoughts or behaviors suggestive of elevated suicide risk. However, the presence of PTSD may diminish the protective influence of social networks among treatment-seeking Veterans.”]

Full text at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3038554/pdf/nihms267542.pdf>

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“Mental Health Screening and Coordination of Care for Soldiers Deployed to Iraq and Afghanistan.” By Madelyn Hsiao-Rei Hicks, Institute of Psychiatry, London, United Kingdom. IN: American Journal of Psychiatry, vol. 168 (April 2011) pp. 341-343.

[“Mental health screening of soldiers prior to deployment to a theater of war was first attempted by the U.S. Army in World War I in the hope of avoiding the high rates of psychiatric casualties observed in British and French troops, but it did not prevent extensive disability from shell shock in American World War I veterans. In World War II, the U.S. military carried out mass neuropsychiatric screening with the aim of identifying individuals who might be psychologically vulnerable to later psychiatric breakdown in the combat environment because of, for example, neuroses or minor personality defects. In World War II, as in later wars, predeployment screening to predict the development of future mental disorders was a failure for a variety of reasons, including imprecise screening methods and instruments, poor interrater reliability, high false positive rates, low thresholds for caseness that did not discern significant severity, and low predictive power.”]

Full text at:

<http://ajp.psychiatryonline.org/cgi/content/full/168/4/341>

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NON PROFIT RESOURCE CENTER-GRANT WRITING

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The Nonprofit Resource Center...building a strong, vibrant nonprofit community.”]

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<http://www.nprcenter.org/>

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CONFERENCES, MEETINGS AND SEMINARS

American Mental Health Counselors Association: Annual Conference: The Power of Partnerships: Effective Pathways to Mental Health.

July 14-16, 2011
San Francisco, California
PARC 55 Wyndham Hotel
on Union Square

[“Each year, AMHCA's conference draws several hundred mental health counselors from across the United States to participate in this educational gathering. AMHCA's is the only conference devoted entirely to the mental health counseling profession, delivering high-quality education, peer connections, relaxation and exploration.”]

Full text at:

http://www.amhca.org/member/annual_conference.aspx

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Sixth Annual UC Davis Conference: Psychotic Disorders: Advanced Strategies for the Management of Psychosis: A State of the Art Conference for Experienced Clinicians.

Thursday
September 15, 2011

Hilton Hotel Arden West
Sacramento, California

For more information at:

http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/APSYC12_9-15-11w.pdf

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